

# Victoria Glenfield Limited - Glenhaven Home

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## Introduction

This report records the results of a Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Victoria Glenfield Limited
<b>Premises audited:</b>	Glenhaven Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 6 November 2022      End date: 6 November 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	18

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

## General overview of the audit

Glenhaven Rest Home, located in Glenfield Auckland, provides rest home level of care for up to 24 residents. There were 18 residents on the day of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand- Waitematā. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The service continues to do internal refurbishments including fixtures, fittings, and furniture upgrades.

The owner/ manager has extensive experience in the aged care sector and is supported by the clinical manager (registered nurse). Feedback from families/whānau was very positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

The prospective buyer, Victoria Glenfield Limited, has directors with extensive experience in the aged care industry, including running two nearby rest homes for the last eight years. Victoria Glenfield has a documented plan to transition to their quality assurance programme, systems, and processes.

This audit identified the service meets the requirements of the Ngā Paerewa Health and Disability Services Standard 2021.

## **Ō tatou motika | Our rights**

Glenhaven Rest Home provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were Māori residents at the time of the audit. Cultural assessments inform the cultural care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. The staff were observed listening and respecting the voices of the residents and effectively communicating with them about their choices.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. No complaints have been lodged since the previous audit in October 2022.

## **Hunga mahi me te hanganga | Workforce and structure**

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems established that take a risk-based approach. Staff meetings are scheduled monthly. Quality data is collated and analysed. Corrective actions are implemented where opportunities are identified.

There is a staffing and rostering policy which is implemented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

There is an admission package available prior to or on entry to the service. The clinical manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Discharge and transfers are coordinated and planned. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines. They complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The activities support provides and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available 24/7. The service has a current food control plan.

## **Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment**

The building is purpose built on two levels. There is a current building warrant of fitness. There is a reactive and preventative maintenance schedule in place. Equipment has been tagged, tested, and calibrated as scheduled.

Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is a mix of single rooms and shared rooms. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly.

Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty and on outings with a current first aid certificate.

The building is secure at night to ensure the safety of residents and staff.

## **Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship**

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There have no outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## **Here taratahi | Restraint and seclusion**

The restraint coordinator is the clinical manager. There was no restraint in use at the time of the audit, and maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	169	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged, evidenced during interviews with three family/whānau.</p> <p>During the audit, there were residents who identified as Māori living at the facility. A Māori resident and whānau member were interviewed. They confirmed details of cultural assessments which linked to their care plans. Whānau and the residents had input into these documents. Documentation reflected their individual values and beliefs.</p> <p>The service has links with local Māori community through the Awataha marae, and the service embeds tikanga Māori in the everyday culture of the facility. The owner/manager confirmed that the service supports a Māori workforce and actively encourages applications from the local community. There were no staff members identifying as Māori at the time of the audit. Staff interviewed stated that they use te reo Māori (common words and greetings) with residents, and a Māori resident</p>

		<p>enjoys assisting the staff in learning te reo Māori and tikanga protocols.</p> <p>The owner/manager, clinical manager (RN) and six staff interviewed (two healthcare assistant (HCAs), one registered nurse, one activities coordinator, maintenance, and a cook) were able to describe how services provided are based on resident's individual values and beliefs in relation to their role.</p> <p>The prospective buyer knows and understands the consumer rights and has a very good understanding of Te Tiriti o Waitangi, recognising Māori and supporting Māori. The prospective buyer has established contacts with a cultural advisor who has input into the governance Board.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a Pacific health plan and cultural policy that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard.</p> <p>There were Pacific residents on the day of the audit. The service maintains links with the local Pacific Island community through Pacific staff members in order to provide cultural support for Pasifika residents.</p> <p>On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented. The residents' whānau are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs for all residents are documented in their care plan and activities plan.</p> <p>When new staff are recruited, the owner/manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pacific community. There were staff members that identified as Pasifika at the time of the audit.</p> <p>Interviews with management, staff, two residents, two relatives, and documentation reviewed identified that the service uses a person-centred approach for people using the services, and family/whānau as</p>

		the guiding ethos of their service.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The owner/manager or clinical manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the two-monthly resident/family meetings. All families/whānau interviewed reported that the residents' rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available to residents/families/whānau. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Code of Rights education last took place in February of this year. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake through its Māori health plan and staff could describe how they fully support the values and beliefs of any Māori residents and whānau utilising the service.</p> <p>The prospective owners know and understand the Code and that this must be adhered to, evidenced through interview.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	FA	<p>Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support, with examples provided. Residents, families/whānau, and staff interviewed confirmed the support available regarding freedom of</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>choice.</p> <p>The services annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service puts out resident and whānau satisfaction surveys annually (sighted), and the results of these confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with families/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships and gave an example of caring for a couple in a relationship who had previously resided in the facility.</p> <p>Families/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement, and is integrated into the residents' care plans. Spiritual needs are identified, and spirituality is incorporated into the activities policy.</p> <p>Staff actively promote te reo Māori, tikanga Māori and attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori. This training enhances the ability of staff to respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Glenhaven Rest Home are expected to uphold. The policies are designed to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of ethnicities. Cultural days are celebrated and cultural competencies are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy</p>

		<p>addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service liaises with families/whānau who manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There are short term, and long-term objectives in the Glenhaven Rest Home's Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Annual resident surveys and two-monthly meetings identify feedback from residents and consequent follow up by the service. The service also keeps residents up to date through frequent memos and notices.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. The three accident/incident forms reviewed for 2023 year to date identified relatives are kept informed; this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p>

		<p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as Te Whatu Ora specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The owner/manager described an implemented process around providing residents with an unrushed environment which facilitated time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable.</p>
Subsection 1.8: I have the right to complain	FA	The complaints procedure is provided to residents and relatives on

<p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>entry to the service. The owner/manager maintains a record of all complaints, both verbal and written, by using a complaint register. The service has policies and procedures relating to timely follow-up letters, investigation and resolution, enabling complaints to be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been no complaints (internal or external) since the previous audit in October 2022.</p> <p>Complaints (and any subsequent corrective actions) are a standing agenda item in the monthly staff meetings and three-monthly quality reviews (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available at the entrance. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly and both owner/manager and clinical manager have an open-door policy. Residents/relatives making a complaint can involve an independent support person/advocate in the process if they choose to do so.</p> <p>The prospective buyer is aware of the complaints process and timeline for responding to complaints.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Glenhaven Rest Home, located in Glenhaven, Auckland is certified for 24 rest home level beds. At the time of audit there were 18 residents in the facility. All residents were on the age-related residential care agreement (ARRC); apart from one rest home resident who was on a long-term support- chronic health contract (LTS-CHC). There are five double/rooms which can accommodate two residents; however, had single occupancy on the day of the audit.</p> <p>The owner/manager and a director are the governing body for Grace Comfort Care Limited – trading as Glenhaven Rest Home. The owner/manager was able to describe the company quality goals, organisation philosophy and strategic plan, which reflect a person/family centred approach to all services (sighted). There is a</p>

	<p>2023 business plan that outlines objectives for the period. Objectives are signed off when fully attained.</p> <p>The service is managed by the owner/manager, with the support of an experienced clinical manager (RN), who provides clinical governance input. The owner/manager has owned the facility for sixteen years and the clinical manager has been at the facility for the past five years. Both managers have extensive experience in elderly care management within New Zealand.</p> <p>Both managers have maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural and Te Tiriti training, including the completion of a competency questionnaire, Te Whatu Ora- Health New Zealand - Waitematā, and gerontology meetings/training.</p> <p>The owner/manager and director consult with mana whenua (via residents and whānau) in business planning, organisational policy, and service development, to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery. The management team and director undertake a quality review every three months (sighted) to gauge progress in the areas of equitable service delivery, equity for Māori and outcomes for tāngata whaikaha.</p> <p>Residents receiving services and whānau are supported to participate in the planning, implementation, monitoring, and evaluation of service delivery through surveys, meetings, and an open-door management policy.</p> <p>The prospective buyers are Victoria Glenfield Limited who are an experienced aged care provider. The directors currently own and operate two nearby rest home. There is a documented transition plan with timeframes to implement their own policies and procedures. Victoria Glenfield will continue to use the current Glenhaven Rest Home policies in the short term, which align with the Ngā Paerewa Health and Disability Services Standard 2021.</p> <p>The directors have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for</p>
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		<p>Māori.</p> <p>The prospective buyer has entered into a conditional sale and purchase agreement for the purchase of the Glenhaven Rest Home. At the time of the audit, the proposed settlement date is 30 November 2023. Te Whatu Ora Health- Waitematā portfolio manager has been informed. The prospective buyers have arranged an induction from the current owner/manager, which includes Te Tiriti, health equity, and cultural safety as core competencies through completing the same training as the facility staff members.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Glenhaven Rest Home has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected, with evidence of data shared in staff meetings.</p> <p>Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Resident/family satisfaction surveys are completed each year during the month of October. Surveys completed annually reflect high levels of resident/family satisfaction, with a trend for increased satisfaction in all areas measured (privacy and dignity, cleaning, food, activities, laundry, environment, safety, and security). The service also carries out a separate food satisfaction survey in March of each year, which also evidences high levels of resident satisfaction. This was also confirmed during interviews with residents and families/whānau.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard.</p> <p>The management assess staff cultural competency to ensure a high-</p>

		<p>quality service is provided for Māori. The owner/manager also ensures critical analysis of practice is undertaken in order to improve health equity.</p> <p>A health and safety system is being implemented, with the owner/manager and clinical manager acting in the role of health and safety officers. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>The registered nurses evaluate interventions for individual residents. Each incident/accident is documented in hard copy. Three accident/incident forms reviewed for the year to date (unwitnessed falls, and a skin tear) indicated that the forms are completed in full and are signed off by the clinical manager. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings.</p> <p>Discussions with the owner/manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. No Section 31 reports had required submission since the previous audit.</p> <p>The prospective provider will continue with the established and implemented quality and risk management programmes at Glenhaven Rest Home. It is anticipated this will have minimal impact on staff and residents as all systems and policies currently in use will remain in place.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The registered nurses and most HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, and the service works together as a team should any staff member call in as unavailable. Vacant shifts are covered by available HCAs, nurses and management if required. Out of hours on-call cover is shared</p>

<p>services.</p>	<p>between the clinical manager, registered nurse, and owner/manager. A senior registered nurse performs the clinical manager's role in their absence.</p> <p>At the time of the audit, the service had no staff vacancies and a longstanding, stable team. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The owner/manager is available Monday to Friday, and the clinical manager works Tuesdays and Fridays.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training last took place in October 2023, which included the provision of safe cultural care, Māori world view and the Treaty of Waitangi. Staff are also required to complete a validation questionnaire following the training in order to cement their understanding of Māori health outcomes and disparities, and health equity.</p> <p>External training opportunities for care staff includes training through Te Whatu Ora - Waitematā.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint; hand hygiene; correct use of personal protective equipment (PPE); medication administration/insulin administration (if med comp); moving and handling; and wound management. A record of completion is maintained.</p> <p>Additional RN specific competencies include syringe driver, and interRAI assessment competency. Two RNs (including the clinical manager) are interRAI trained. All care staff are encouraged to attend external training, webinars and zoom training where available. The service encourages all their staff to attend meetings (eg, staff/quality meetings). Resident/family meetings are held two-monthly and provide opportunities to discuss results from satisfaction surveys, corrective actions being implemented, and private discussions regarding resident care. Staff wellness is encouraged through participation in health and wellbeing activities.</p> <p>The prospective purchaser interviewed (director) stated there are no immediate plans to make any staff changes. They plan to provide all</p>
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		staff with education and training; continuing with the education and training plan currently being implemented.
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Five staff files reviewed (one clinical manager, one RN, one HCA, one activities coordinator, and one cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). The appraisal policy is implemented. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p> <p>The prospective owners have no immediate plans to change the recruitment process.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively</p>	FA	Resident files and the information associated with residents and staff are retained in hard copy and kept securely.

<p>and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The prospective buyer plans to maintain current methods of collection, storage, and use of health information, and will look to transition to an electronic resident management system after a period of evaluation.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. The information in the welcome pack for Glenhaven Rest Home is available.</p> <p>Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The facility manager, clinical manager and registered nurse are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and whānau during the admission process and declining entry would be if the service had no beds available, or could not provide the level of care. Potential residents are provided with alternative options and links to the community if admission is not</p>

		<p>possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents; this is documented on the enquiry form. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly facility manager report to the clinical operations manager.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five files were reviewed for this audit (five rest home level of care, including one LTS-CHC). Registered nurses and the clinical manager are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the paper-based progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in resident's care plans. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Care plans are holistic in nature and capturing Māori wellbeing.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. Assessments include activities of daily living (ADL); behaviour; social and cultural; mobility; continence; and communication. All initial assessments and care plans were signed and dated. InterRAI assessments were completed on all residents, including the resident on the LTS-CHC contract, within the stated timeframes of the contract. Care plans had been evaluated within the required six-month timeframe. Evaluations stated progress against the set goals. Care plans had been updated when there were changes in health condition and identified needs. The care plan is holistic and aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs. There is specific cultural assessment as part of the social and cultural plan and a specific Māori care plan for the Māori residents. Short-term care plans were well utilised for issues such as infections, weight loss, and</p>

	<p>wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. There are GP visits every two weeks and more often when required, with 24 hours on-call service available for advice. The clinical manager and registered nurse are available for after-hours calls and advice. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers residents to a physiotherapist as and when required. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor and wound care specialist nurse are available as required.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written by healthcare assistants and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with the GP. Family were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were two residents with wounds currently treated and no pressure injuries. A paper based wound register is maintained.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. HCAs and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; food monitoring; blood sugar levels; intentional rounding; and toileting regime. Neurological</p>
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		<p>observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy.</p>
<p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activity coordinator provides activities between Monday to Fridays and is supported by the healthcare assistants and manager. The activity coordinator has a current first aid certificate. Weekend activities are supported by the HCAs and plenty of resources are available to deliver the activities. The programme is planned weekly and monthly and includes themed cultural events, Diwali, Matariki and Christmas. A weekly programme is delivered to each resident which is displayed in the resident's room, as sited day of audit.</p> <p>The service facilitates opportunities to participate in te reo Māori through the use of Māori language, as displayed throughout the facility, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities, and culturally focused activities.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit). A variety of individual and small group activities were observed occurring at various times throughout the day of audit. Entertainment and outings are scheduled weekly. There are weekly interdenominational services and links with local Salvation Army and schools.</p> <p>Each resident's social and cultural profile is completed within 24 hours of admission and include the residents past hobbies and present interests, likes and dislikes, career, and family connections. The social and cultural plan is developed within 21 days and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings.</p> <p>Activities include quizzes, board gaming, exercises, hand pampering happy hour, and mobile library. The service has weekly van drives for outings and uses a wheelchair accessible van from the community to cater for those residents who cannot access facility vehicles safely. There is a dedicated van driver with the appropriate competencies and</p>

		<p>first aid required.</p> <p>Resident meetings are held two-monthly, and family are invited to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and relative surveys also provide feedback on the activity programme and resident satisfaction survey evidence overall satisfaction with the activities provided. Residents and family/whānau interviewed stated the activity programme is meaningful.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management- Whakahaere ronga is available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications, including the bulk supply order, are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were two residents partially self-medicating (eye drops and inhaler); the residents have the appropriate assessment review on file and safe storage in their room. Medication competent HCAs or RNs sign when the medication has</p>

		<p>been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and relatives are updated around medication changes, including the reason for changing medications and side effects; this is documented in the progress notes. The registered nurses and clinical manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Glenhaven Rest Home are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence, expiring 26 June 2024. There is a four-weekly seasonal menu that was developed and reviewed by a registered dietitian. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or of any residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences (including Māori specific) options as required. On the day of audit, meals were observed to be presented in a homely manner. Healthcare assistants interviewed understands tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> <p>The owner/manager completes a daily check which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process by the cook. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the adjacent dining room and a trolley is used for covered plated meals to be transported to those residents’ enjoying meals in their rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food</p>

		<p>services staff have all completed food safety and hygiene courses.</p> <p>The residents and families/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis with the cook, at the resident meetings and through resident surveys. Staff were observed wearing correct personal protective clothing in the kitchen.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer or termination policy and procedures are documented to ensure exit, discharge, or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation and the yellow envelope Te Whatu Ora transfer documentation system.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building warrant of fitness expires 21 February 2024. There are nineteen rooms, inclusive of five double rooms that can accommodate two beds (rest home care) on two levels, with a total of twenty-four beds. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance person works 30 hrs a week (Monday to Friday); this role oversees maintenance of the site, contractor management and the gardens. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing</p>

	<p>and tagging, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of resident's electrical equipment was completed on 28th March 2023. Checking and calibration of medical equipment, hoists and scales completed 2 November 2023.</p> <p>There is a communal lounge downstairs with a TV, and activities take place here; and a quiet lounge upstairs for whānau/family visits or meetings. There are two mobility toilets near the communal lounge.</p> <p>Downstairs there are eleven resident rooms; four of which can accommodate two beds. The rooms have a handbasin and have doors that open to the outside area. Upstairs are eight rooms (one of which is a double); they have doors that access a decked area. All rooms had single occupancy on the day of audit. The resident rooms are spacious to provide care. Each room allows for the safe use and manoeuvring of mobility aids. Flowing hand soap, hand sanitiser and paper towels are installed in all areas near hand basins. There are three communal toilets and two showers' downstairs and upstairs have one shower and two toilets. There is a lift to access the upper floor which is spacious to accommodate wheelchair or trolley.</p> <p>There are handrails in ensuites, and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are well maintained and have attractive features. Seating and shade are available.</p> <p>Kitchen, laundry, and dining room are centrally situated on the ground floor. The clinical and owner/managers office is on the upper floor.</p> <p>HCA's interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents.</p> <p>The facility is carpeted throughout, with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents are able to bring their own</p>
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		<p>possessions into the home and are able to adorn their room as desired.</p> <p>All electrical equipment and other machinery are included as part of the annual maintenance and verification checks. The building is appropriately heated and ventilated. There is heating and heat pumps throughout the facility. There is plenty of natural light in the rooms and all have doors to the exterior. The facility has a designated smoking area.</p> <p>The prospective purchaser has no plans to further development; however, will utilise their links with local kaumātua and iwi to ensure that consideration has been made of how designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 23rd September 2022. A recent fire evacuation drill November 2023 has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there are emergency lights and BBQ for cooking is available. There are adequate supplies in the event of a civil defence emergency, including sufficient water stores. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors. Healthcare assistants carry pagers to alert care</p>

		<p>staff to who requires assistance. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical manager undertakes the role of infection control coordinator to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the owner and director. Documentation reviewed evidenced recent outbreaks were escalated to the executive team within 24 hours. There is an infection control committee that meets bimonthly. Infection rates are presented and discussed at quality, clinical and staff meetings and presented in a clinical manager report to the owner/ manager. Infection prevention and control are part of the strategic, business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora – Waitematā, and Public Health Auckland. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the senior management team, the GP, and the Public Health team.</p> <p>Visitors are asked not to visit if unwell, and there are hand sanitisers strategically placed around the facility.</p> <p>The prospective purchaser has no immediate plans to change the established infection control programme.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control coordinator has seven years' experience, and they are supported by the registered nurse, owner/manager, and healthcare assistants. The service has a pandemic response plan (including Covid-19), with easily accessible resources for the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed external training through Bug Control and Te Whatu Ora - Waitematā. There is good external support from the GP, laboratory, microbiologist, and gerontology nurse. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra PPE equipment as required. The infection control coordinator has input into the procurement of good quality personal protective equipment (PPE), medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee and training and education of staff. Policies and procedures are reviewed annually and are available to staff. The service's infection control policies acknowledge importance of te reo Māori information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Additional support and information are accessed from the infection control specialist, the community laboratory, and the GP, as required. The Māori health plan ensures staff are practicing in a culturally safe manner. The service has documented policies and procedures in place around cleaning and laundry that reflected current best practices.</p> <p>Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and disinfected</p>
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		<p>after use and prior to next use. The service includes the checking of these processes in the four-monthly cleaning, environmental and maintenance of equipment audits.</p> <p>All staff have received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas. Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The clinical manager conducts in-service education if required, otherwise all staff are required to complete online training. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular updates. Records of staff education were maintained. Resident education occurs as part of the daily cares and bimonthly meetings.</p> <p>There were no construction, installation, or maintenance in progress at the time of the audit. There is a communication pathway to include the infection control coordinator for advice when required.</p> <p>There are no plans to change the current environment; however, the prospective purchaser will consult with the infection control coordinator if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting, and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The analysis of prescribing patterns and summaries are presented and discussed at the bimonthly infection control committee meeting and discussed with the GP. Infection rates are analysed, and antibiotic use is reported to the quality meeting and in the monthly clinical manager report to the facility manager. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Electronic charts reviewed evidence judicious, careful, and rational use of monotherapy.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register as a paper record. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is actively working to ensure surveillance of healthcare-associated infections, including ethnicity data. Infection control surveillance is discussed at the bimonthly infection control committee meeting. Staff are informed through the variety of meetings held at the facility.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GP that advises and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Te Whatu Ora-Waitematā for any community concerns.</p> <p>There have been no outbreaks since the previous audit in October 2022.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p>	<p>FA</p>	<p>The facility implements a waste and hazardous management policy that conform to legislative and local council requirements. Policies include (but are not limited to) considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry, and cleaning storerooms. Staff receive training and</p>

<p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Cleaning services are provided seven days a week. There is one sluice located on ground floor with aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. The cleaners are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident’s clothing is done on site. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. There is a sluice cycle programmed in one washing machine. Residents’ clothing is labelled and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system, with oversight from the infection control coordinator. Residents and families/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys.</p> <p>The prospective purchaser has no immediate plans to change the current laundry or cleaning provision.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	<p>FA</p>	<p>The clinical manager and owner of the facility are committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with</p>

<p>restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>residents/families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. At the time of the audit, the facility was restraint free and has been for six years.</p> <p>The use of restraint (if any) would be reported in the staff/quality meetings. The restraint coordinator interviewed described the focus on restraint minimisation.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
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## Specific results for criterion where corrective actions are required

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Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display
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End of the report.